

Case Number:	CM15-0185838		
Date Assigned:	09/28/2015	Date of Injury:	12/12/2013
Decision Date:	11/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40 year old female, who sustained an industrial-work injury on 12-12-13. A review of the medical records indicates that the injured worker is undergoing treatment for chronic severe right wrist pain, right forearm pain, right hand pain, and status post right Triangular fibrocartilage complex (TFCC) repair with residual right wrist internal derangement. The physician indicates in the medical records that the injured worker complains of gastrointestinal upset and sometimes medications do not help her adequately. The physician also indicates that she cannot tolerate any opioid and has gastrointestinal irritation with oral medications. Medical records dated (6-30-15 to 7-28-15) indicate that the injured worker complains of chronic pain in the right wrist and any activities involving the right hand and wrist are very painful. The pain is rated 5-7 out of 10 on the pain scale. She states that the topical creams provide her with much better control of her symptoms and allow her to utilize her right wrist and hands with much less discomfort. The medical records also indicate worsening of the activities of daily living. The treating physician report dated 7-28-15 indicates that she is no longer accommodated with her modified duty at work so therefore work status is temporary total disability. The physical exam dated from (6-30-15 to 7-28-15) reveals that the exam of the right forearm and hand shows tenderness over the right wrist, right radial and carpel bone. There is limited range of motion of the right wrist at 50 degrees of the normal range in flexion and extension. She is able to oppose thumb and grab a full fist but having difficulty with supination. Treatment to date has included right wrist surgery, medication Etodolac, and Compound medication: Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, since at least 2-27-15, Voltaren cream, physical therapy, orthopedic care, diagnostics, and other modalities. The requested service included Compound medication: Flurbiprofen 20%, Cyclobenzaprine 4%, and

Lidocaine 5%, #240gm. The original Utilization review dated 8-31-15 non-certified the request for Compound medication: Flurbiprofen 20%, Cyclobenzaprine 4%, and Lidocaine 5%, #240gm.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Compound medication: Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, #240gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127 Key case points are as follows. The claimant was injured in 2013 with chronic severe right wrist pain, right forearm pain, right hand pain, and status post right Triangular fibrocartilage complex (TFCC) repair with residual right wrist internal derangement. The claimant complains of gastrointestinal upset and sometimes medications do not help her adequately. The physician also indicates that she cannot tolerate any opioid and has gastrointestinal irritation with oral medications. The GI issues are duly noted. However, per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.